

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**A:G TRANSPORTATION SERVICES, INC**

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: **2014 - 145 - T**

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: **A:G TRANSPORTATION SERVICES, INC** Telephone: **803-546-4055**

Address: **528 EDGEFIELD ROAD SUITE B** Fax: **803-278-0226**

**NORTH AUGUSTA, SC 29841**

Other: (OFFICE) **803-426-8430**

**ANTHONY T. WRIGHT, SR**

Email: **PWSR@gmail.com**

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

APR 08 2014  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*gds*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 3/31/2014

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

AIG TRANSPORTATION SERVICES, INC.

528 EDGEFIELD ROAD SUITE B NORTH AUGUSTA SC 29841  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-546-4055  
Phone

803-278-0226  
Fax

PSWSR@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

ANTHONY T. WRIGHT, SR 528 EDGEFIELD ROAD SUITE B NORTH AUGUSTA SC 29841  
BENITA B. WRIGHT, 528 EDGEFIELD ROAD SUITE B NORTH AUGUSTA SC 29841  
GREGORY HORN SR 528 EDGEFIELD ROAD SUITE B NORTH AUGUSTA SC 29841

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month MARCH Year 2014

#### Assets:

Cash	\$ 16,285.40
Receivables	\$ 10,471.82
Real Estate	0
Buildings and Equipment (Net)	\$ 2,800.00
Motor Vehicles (Net)	\$ 20,000.00
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	\$ 1,500.00
Prepays and Other Assets	\$ 3,500.00
<b>Total Assets *</b>	<b>\$ 54,557.22</b>
<b>Liabilities and Equity:</b>	
Accounts Payable	\$ 1354.00
Notes Payable	0
Mortgages Payable	\$ 250.00
Equipment Obligations	
Accrued Salaries and Wages	\$ 4500.00
Other Accrued Obligations	
Other Liabilities	\$ 1500.00
<b>Total Liabilities</b>	<b>\$ 7604.00</b>
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity *</b>	<b>\$ 7604.00</b>

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

*Proposed Rates involved TRIPS per mileage:*

0-3	\$6.50	16-20	\$16.75	31-40	\$34.00
4-6	\$7.25	21-25	\$18.00	41-45	\$36.25
7-10	\$9.25	26-30	\$25.50	over 45	\$47.25
11-15	\$14.75	31-35	\$27.00	over 45: \$47.25 plus .75¢ per mile	

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |   |   |  |  |                                       |
|---|---|--|--|---------------------------------------|
| <input type="checkbox"/> Abbeville        | <input type="checkbox"/> Cherokee             | <input checked="" type="checkbox"/> Florence | <input type="checkbox"/> Lee                   | <input type="checkbox"/> Saluda       |
| <input checked="" type="checkbox"/> Aiken | <input type="checkbox"/> Chester              | <input type="checkbox"/> Georgetown          | <input checked="" type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg  |
| <input type="checkbox"/> Allendale        | <input type="checkbox"/> Chesterfield         | <input type="checkbox"/> Greenville          | <input checked="" type="checkbox"/> Marion     | <input type="checkbox"/> Sumter       |
| <input type="checkbox"/> Anderson         | <input type="checkbox"/> Clarendon            | <input type="checkbox"/> Greenwood           | <input type="checkbox"/> Marlboro              | <input type="checkbox"/> Union        |
| <input type="checkbox"/> Bamberg          | <input type="checkbox"/> Colleton             | <input type="checkbox"/> Hampton             | <input checked="" type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell         | <input type="checkbox"/> Darlington           | <input type="checkbox"/> Horry               | <input type="checkbox"/> Newberry              | <input type="checkbox"/> York         |
| <input type="checkbox"/> Beaufort         | <input checked="" type="checkbox"/> Dillon    | <input type="checkbox"/> Jasper              | <input type="checkbox"/> Oconee                |                                       |
| <input type="checkbox"/> Berkeley         | <input type="checkbox"/> Dorchester           | <input type="checkbox"/> Kershaw             | <input checked="" type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide    |
| <input type="checkbox"/> Calhoun          | <input checked="" type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster           | <input type="checkbox"/> Pickens               |                                       |
| <input type="checkbox"/> Charleston       | <input type="checkbox"/> Fairfield            | <input type="checkbox"/> Laurens             | <input checked="" type="checkbox"/> Richland   |                                       |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
KIA	2002 SEDAN	KNDUP131326278303	4700	
DODGE	2006 CAVAN	2D4GP24RX6B650288	4095	

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

A & G TRANSPORTATION SERVICES, INC

Name of Applicant

528 EDGEFIELD ROAD SUITE B NORTH AUGUSTA, SC 29841

Address of Applicant

### Amount of Premium:

Liability Insurance \$ 11,985

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

### Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	5,000

American Service Insurance Company

Name of Insurance Company

150 Northwest Point Blvd. Elk Grove Village, Illinois 60007

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4-3-2014

Date

[Signature]  
Authorized Insurance Company Representative's Signature

### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

AIG TRANSPORTATION SERVICES, INC  
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☐ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

*Craig Valdes* SR  
Applicant's Signature

President  
Title of Applicant (e.g. President, Owner, etc.)



CRAIG VALDES  
NOTARY PUBLIC  
SOUTH CAROLINA

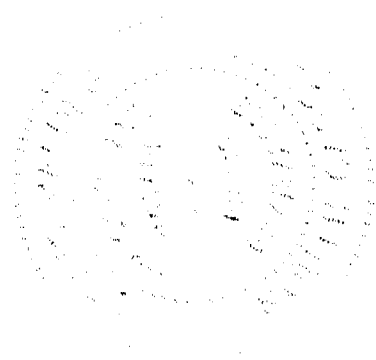
MY COMMISSION EXPIRES FEBRUARY 19, 2023

STATE OF SOUTH CAROLINA )  
COUNTY OF Richland )

SWORN TO BEFORE ME  
This 1st day of April, 2014

*Craig Valdes*  
Notary Public

Commission Expires 2/19/2023



**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
NONPROFIT CORPORATION  
ARTICLES OF INCORPORATION**

**TYPE OR PRINT CLEARLY IN BLACK INK**

Pursuant to Section 33-31-202 of the South Carolina Code of Laws, as amended, the undersigned corporation submits the following information

- 1 The name of the nonprofit corporation is A & G Transportation Services, Inc.
- 2 The initial registered office of the nonprofit corporation is 528 Edgefield Suite F  
Belvedere AIKEN SC 29841  
City County State Zip Code

The name of the registered agent of the nonprofit corporation at that office is

ANTHONY T. WRIGHT, SR.  
Print Name

I hereby consent to the appointment as registered agent of the corporation

Anthony T. Wright, Sr.  
Agent's Signature

- 3 Check "a", "b", or "c" whichever is applicable Check only one box
- a ☒ The nonprofit corporation is a public benefit corporation
- b ☐ The nonprofit corporation is a religious corporation
- c ☐ The nonprofit corporation is a mutual benefit corporation

- 4 Check "a" or "b", whichever is applicable

- a ☐ This corporation will have members
- b ☒ This corporation will not have members

080228-0166

A & G TRANSPORTATION SERVICES, INC.

Filed 02/28/2008

Filing Fee \$25.00 ORIG

Mark Hammond

South Carolina Secretary of State

- 5 The address of the principal office of the nonprofit corporation is

528 Edgefield Rd. Belvedere AIKEN SC 29841  
Street Address City County State Zip Code

- 6 If this nonprofit corporation is either a public benefit or religious corporation (when box "a" or "b" of paragraph 3 is checked), complete either "a" or "b", whichever is applicable, to describe how the remaining assets of the corporation will be distributed upon dissolution of the corporation

- a ☐ Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future Federal tax code, or shall be distributed to the Federal government, or to a state or local government, for a public purpose. Any such asset not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated

A + J Transportation Services  
Name of Corporation

exclusively for such purposes

- b ☒ Upon dissolution of the corporation, consistent with the law, the remaining assets of the corporation shall be distributed to

New Vision Development Community Inc

- 7 If the corporation is a mutual benefit corporation (when box "c" of paragraph 3 is checked), complete either "a" or "b", whichever is applicable, to describe how the (remaining) assets of the corporation will be distributed upon dissolution of the corporation

- a ☐ Upon dissolution of the mutual benefit corporation, the (remaining) assets shall be distributed to its members, or if it has no members, to those persons to whom the corporation holds itself out as benefiting or serving

- b ☐ Upon dissolution of the mutual benefit corporation, the (remaining) assets, consistent with the law, shall be distributed to

- 8 The optional provisions which the nonprofit corporation elects to include in the articles of incorporation are as follows (See 33-31-202(c) of the 1978 South Carolina Code of Laws, as amended, the applicable comments thereto, and the instructions to this form)

- 9 The name and address of each incorporator is as follows (only one is required)

ANTHONY T. WRIGHT SR. 528 EDGEFIELD RD 29841  
Name Address Zip Code

GREGORY HORN SR. 528 EDGEFIELD RD Suite F Belvedere SC.  
Name Address Zip Code

Name Address Zip Code

- 10 Each original director of the nonprofit corporation must sign the articles but only if the directors are named in these articles

Anthony T. Wright Sr. Anthony T. Wright, Sr.  
Name (Only if named in articles) Signature of director

GREGORY HORN SR. GREGORY HORN SR.  
Name (Only if named in articles) Signature of director

Name (Only if named in articles) Signature of director

- 11 Each incorporator must sign the articles

Anthony T. Wright Sr.  
Signature of incorporator

GREGORY HORN SR.  
Signature of incorporator

Signature of incorporator



4/8/2014

Anthony Wright

803-546-4055

A&amp;G Transportation Services, Inc

Clerk's Office

803-896-5199

Public Service Commission

**Comments:**☐

Urgent

☐

For Review

☐

Please Comment

☐

Please Reply

☐

Please Recycle